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EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

	This page applies to the follo	wing state(s)			
	Indicate Type of Filing ☐ Filing Related to Certified ☐ Filing Related to Non-Cer ☐ Filing Applicable to Both Certified Losses	rtified Losses	Departm	nent Use only	
	Company I	Name(s)	Domicile	NAIC #	FEIN#
	- Company i	Bonnone	TOTALO II	TENT //	
Contac	ontact Info for Filer Name and address of Filer(s)			# FAX #	e-mail
	information of Insurance (see attachmen	t)			
Com title)	pany Program Title (Marketii (if applicable)				
	g Type ** see note below application is used with:				
Effec	ctive Date Requested				
	g date pany Tracking Number				
Date	filing approved in domicilia	ry			
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			[] Replacement [] Withdrawn [] Neither		,
02			[] Replacement [] Withdrawn [] Neither		
	 One copy of each advisory organizate A copy of the rates The appropriate file A postage-paid, see The insurer(s) submitting this Is in compliance we 	dited Filing Transmittal Docu endorsement, disclosure form ion authorization to file them s, rating systems and supporti- ling fees, if required lf-addressed envelope large e	or other policy langu on its behalf. ng documentation. enough to accommod	late the return.	s given an
	Signature	Print Name:		Title:	